



Application No. (if known): 10/626,396

Attorney Docket No.: 59615(49381)

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 970589420 US in an envelope addressed to:

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on February 12, 2007
Date


Signature

Kathryn Grindrod

Typed or printed name of person signing Certificate

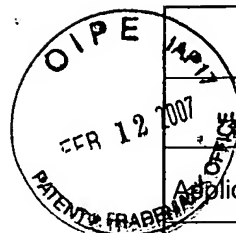
Registration Number, if applicable

(617) 517-5534
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (2 page)
Amendment Transmittal (2 page)
Amendment (12 pages)
Terminal Disclaimer by Applicant Attorney (3 pages)
Return Receipt Postcard
Authorization to charge \$130.00 to deposit account 04-1105

02-15-07

Tm
#

AMENDMENT TRANSMITTAL LETTER

Docket No.
59615 (49381)Application No.
00/626,396 conf# 1061Filing Date
July 23, 2003Examiner
Nguyen. Lam S.Art Unit
2853

Applicant(s): Eiji Kamimura, et al.

Invention: METHOD OF CORRECTION OF ADJUSTMENT VALUE FOR IMAGE FORMING
APPARATU, IMAGE FORMING APPARATUS AND MEMORY MEDIUM

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | | |
|--|---|---|-----------------------------------|------|--------|--------|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | |
| Total Claims | 20 | - 20 = | 0 | x | 50.00 | 0.00 |
| Independent Claims | 4 | - 4 = | 0 | x | 200.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | | |
| Other fee (please specify): Terminal Disclaimer Fee | | | | | | 130.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | | 130.00 |

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 04-1105 in the amount of \$ 130.00.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ To cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-1105
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

David A. Tucker

Attorney/Agent Reg. No.: 27,840

EDWARDS ANGELL PALMER & DODGE LLP
P.O. Box 55874
Boston, Massachusetts 02205
(617) 517-5508

Dated: February 12, 2007



| | | | |
|---|--------------------|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2006 | | Application Number | 10/626,396-Conf. #1061 |
| | | Filing Date | July 23, 2003 |
| | | First Named Inventor | Eiji Kamimura, et al. |
| | | Examiner Name | Nguyen, Lam S. |
| | | Art Unit | 2853 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | 59615(49381) |
| TOTAL AMOUNT OF PAYMENT | (\$) 130.00 | | |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

20 - 20 = _____ x 50.00 = 0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

4 - 4 = _____ x 200.00 = 0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|---|----------|---------------|
| _____ | _____ | _____ / 50 _____ (round up to a whole number) x _____ = _____ | | |

4. OTHER FEE(S)

| | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): <u>1814 Statutory Disclaimer</u> | <u>130.00</u> |

SUBMITTED BY

| | | | | | |
|-------------------|------------------------|-----------------------------------|--------------------------|-----------|-----------------------|
| Signature | <u>David A. Tucker</u> | Registration No. (Attorney/Agent) | <u>27,840</u> | Telephone | <u>(617) 517-5508</u> |
| Name (Print/Type) | <u>David A. Tucker</u> | Date | <u>February 12, 2007</u> | | |